MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/684,829

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1						
2						
3						
4						
5						
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20						
21						
22						
23						
24						
25						
26						
27	1					
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		2				
45		2				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2					
TOTAL DEP.	35					
TOTAL CLAIMS	37					

Claim	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						